Questions For the Record

Hearing: *"Bolstering the Safety Net: Eliminating Medicaid Fraud"*
Senator Tom Coburn, M.D.
Senate Subcommittee on Federal Financial Management, Government Information, and International Security

To: Office of Inspector General, U.S. Department of Health and Human Services

1. What do you think are the most important areas that OIG can identify that should be strengthened to improve overall Medicaid integrity efforts? What efforts has OIG made to identify past vulnerabilities in the Medicaid integrity program?

2. What is the role of OIG in identifying improper payments in Medicare and Medicaid?

3. What efforts has the OIG made to collect data on improper payments in Medicaid? Fraudulent payments?

4. What is the biggest program integrity problem – provider fraud or questionable state practices to increase matching funds? What is the OIG's strategy for dealing with both of these problems?

5. What are the lessons learned from efforts to combat fraud and abuse in the Medicare program that the OIG could apply to new Medicaid program integrity initiatives?

6. Do you have any issues or concerns with how CMS may organize Medicaid anti-fraud and abuse activities within the agency following the implementation of the recently passed DRA?

7. How does OIG rate the effectiveness of state audit initiatives? How often are program integrity reviews of state Medicaid agencies conducted? When can we expect to see similar activities on a much more comprehensive and regular basis?

8. Do Medicaid Fraud Control Units report that Medicaid agency referrals are inadequate in many states? What efforts are being made to encourage states to increase referrals and coordination between agencies in this area?

9. Under the DRA, what efforts are being made to encourage the critical role of whistleblowers, concerned citizens, etc.?

10. With the recent passage of the DRA, do you expect that the OIG will shift focus somewhat from Medicare program integrity to a greater emphasis on monitoring state Medicaid fraud control efforts? Why is it that Medicare program integrity efforts are so much more developed that Medicaid?

11. Does OIG support a strong emphasis on data-mining between critical agencies, e.g., Medicare and Medicaid? Are *all* states being encouraged to support a strong emphasis on data-mining?

12. Because Medicaid is a needs-based program, a robust eligibility component should be factored into improper payment rate calculation. Does such a component currently exist?

13. Does the OIG have suggestions for improving Medicaid program integrity that have not yet been implemented (limitations for Upper Payment Rules; facility-specific limits to cap the amount of enhanced payments sent to any one facility, etc.)? If so, please detail.

14. What comprehensive procedures or programs to verify provider eligibility (e.g.: valid license; no criminal record; has not been excluded from other Federal health programs; practices from a legitimate business location) could the OIG identify to strengthen pre-screening of providers with the goal of reducing Medicaid fraud?

15. Do current safeguards exist to assure that Federal dollars are expended only for a state's actual expenditures – not including any amount paid to a provider which has then been returned to the state from the provider?